



**CITY OF NEWPORT BEACH**  
**COMMUNITY DEVELOPMENT DEPARTMENT**  
**BUILDING DIVISION**

100 Civic Center Drive | P.O. Box 1768 | Newport Beach, CA 92658  
 www.newportbeachca.gov | (949) 644-3200

**DOCUMENTATION OF UNREASONABLE HARDSHIP – \$387.00**

<input type="checkbox"/> <b>FINDING OF UNREASONABLE HARDSHIP FOR PROJECTS UNDER \$203,611* CBC 11B-202.4 – EXCEPTION: 8 (FILL OUT PAGES 1 &amp; 2)</b> <input type="checkbox"/> <b>FINDING OF UNREASONABLE HARDSHIP FOR PROJECTS OVER \$203,611* CBC 11B-202.4 – EXCEPTION: 8 (FILL OUT PAGES 1 &amp; 2) MUST BE ACCOMPANIED WITH RATIFICATION APPLICATION **</b> <input type="checkbox"/> <b>FINDING OF TECHNICAL INFEASIBILITY FOR PROJECTS PER CBC 11B-202.3 - EXCEPTION: 2 (FILL OUT PAGES 1, 2 &amp; 3)</b>	<b>CASE NO.:</b> <b>H 2025-</b> <input style="width: 60px; height: 25px;" type="text"/>
<b>A. JOB ADDRESS:</b> _____ <b>SUITE NO.</b> _____  <b>B. PROPERTY OWNER:</b> _____ Address: _____ City _____ State: _____ Zip: _____ Phone No.: _____  <b>C. APPLICANT:</b> _____ Position/Relationship: _____ Address: _____ City _____ State: _____ Zip: _____ Phone No.: _____ Email: _____	<b><u>PROJECT INFORMATION:</u></b> P/C #: _____ Permit #: _____ Use: _____ Stories: _____ Verified by: _____ Receipt #: _____
<b><u>DISTRIBUTION:</u></b> <input type="checkbox"/> Owner _____ <input type="checkbox"/> Petitioner _____ <input type="checkbox"/> P/C Eng _____ <input type="checkbox"/> Inspector _____ <input type="checkbox"/> Other _____	

An unreasonable hardship exists where the cost of providing an accessible entrance, path of travel, sanitary facilities, public phones, drinking fountains, etc. exceeds 20% of the cost of project without these features. The actual work of the project must comply with current code and an additional amount equal to at least 20% of the cost of the project must be spent to improve required accessibility features that are not in compliance with current code.

In choosing which accessible elements to provide, priority should be given to those elements that will provide the greatest access, in the following order: 1) An accessible primary entrance; 2) An accessible route to the altered area; 3) At least one accessible restroom for each sex; 4) Accessible public telephones (when provided); 5) Accessible drinking fountains (when provided); 6) When possible, additional accessible elements such as additional parking, storage and alarms.

**To request an unreasonable hardship, complete the attached worksheet, and prepare a site and floor plan of the existing and proposed accessibility improvements.** This information must be submitted to the Building Division in duplicate, prior to processing a permit application. One copy of the approval or denial will be returned to the applicant.

For projects exceeding the valuation threshold of **\$203,611**, a hardship approval can only be obtained through a ratification application and hardship application.

\* The **\$203,611** is based on \$50,000 in 1981 dollars as of January 1, 2025.  
 \*\* Ratification form can be obtained at: <https://www.newportbeachca.gov/ratificationform>

Address: \_\_\_\_\_ P/C #: \_\_\_\_\_

1. Total Cost of Construction contemplated (not including disabled access work) \$ \_\_\_\_\_

Identify the accessibility features, which will **NOT** be brought into compliance if the request is granted. Provide an estimate of the cost of compliance for each item.

- Path of travel to entrance (ramps, walks) ..... \$ \_\_\_\_\_
- Path of travel to altered area(s) ..... \$ \_\_\_\_\_
- Sanitary facilities (restrooms) ..... \$ \_\_\_\_\_
- Parking ..... \$ \_\_\_\_\_
- Drinking fountain(s) ..... \$ \_\_\_\_\_
- Accessible phone(s) ..... \$ \_\_\_\_\_
- Accessible signage ..... \$ \_\_\_\_\_
- Other ..... \$ \_\_\_\_\_

**Total cost of providing compliance:.....** \$ \_\_\_\_\_

Identify the accessibility features and equivalent facilities, which **will be provided** or brought into compliance as required by Code. Provide an estimate of the cost of each item.

- a. \_\_\_\_\_ \$ \_\_\_\_\_
- b. \_\_\_\_\_ \$ \_\_\_\_\_
- c. \_\_\_\_\_ \$ \_\_\_\_\_
- d. \_\_\_\_\_ \$ \_\_\_\_\_
- e. \_\_\_\_\_ \$ \_\_\_\_\_
- f. \_\_\_\_\_ \$ \_\_\_\_\_

**Total:** \$ \_\_\_\_\_

2. **Technically infeasibility – if applicable complete Page 3 of this application**

3. **Fill out this section if the path of travel from the disabled parking spaces to the tenant space is not accessible.** List projects (tenant improvements, additions, remodels, etc.) performed within previous three years where no disabled access improvement was performed in conjunction with the project. State description, date, and cost.

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*The applicant understands that although the City may approve this request of unreasonable hardship and the proposed equivalent access, the City reserves the right to require additional access compliance upon receiving a complaint of inadequate access at this location.*

4. \_\_\_\_\_ (Date)  
*(Applicants Name or Authorized Representative)*

5. \_\_\_\_\_ (Date)  
*(Applicants Signature)*

**FOR CITY USE ONLY**

Approved     Denied    By: \_\_\_\_\_ (Date)  
*(Chief Building Official)*

